

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	SC12902TH
	First Inventor:	William C. Moyer et al.
	Title:	METHOD AND APPARATUS FOR SELECTING CACHE WAYS AVAILABLE FOR REPLACEMENT
	Express Mail Label No.:	EV322113461US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

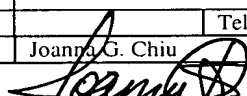
APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: BOX: New Patent Application P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="26"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="4"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> IDS <input checked="" type="checkbox"/> Copies of IDS Citations AA-AD 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____ _____ _____
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18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.
Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="text" value="23125"/>	or	<input type="checkbox"/> Correspondence address below		
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			
Name	Joanna G. Chiu	Registration No.	43,629		
SIGNATURE			Date	7/25/03	

SC12902TH

17613 U.S. PTO
10/62/59

07/25/03

FEE TRANSMITTAL Patent fees are subject to annual revision		Complete if Known	
		Application Number	
		Filing Date	
		First Named Inventor	William C. Moyer
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$)	790
		Attorney Docket No.	SC12902TH

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16, 1.17 and 1.18. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																																																																																																																																																																																																																																																	
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